

CLAIMS ONLY							Application Number 09/986431		Filing Date
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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50									
Total Indep	2		2						
Total Depend	10		17						
Total Claims	12		19						
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Filing Date

Applicant(s)

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
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Total Indep	2	1	2	1		1
Total Depend	10		11			
Total Claims	12		19			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						